Beyond Easy Answers: Facing the Entanglements of Violence and Psychosis

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In the aftermath of mass shootings (most recently, the Navy Yard and Newtown tragedies), media attention predictably turns to the actual or potential role of “mental illness,” particularly psychosis, in otherwise seemingly un-understandable manifestations of violence. Certainly, a focus on the putatively causal role of psychiatric struggles, rather than, for example, access to assault weapons and automatic firearms, continues to play a major role in the marginalization of individuals with psychiatric diagnoses. Similarly, fear-mongering regarding the assumed “dangerousness” of mental health service users in general and calls for expanded involuntary treatment and detention, reinforce rather than challenge prejudicial attitudes with little or no grounding in clinical or empirical realities.

At the same time, responses and reactions from well-intentioned mental health professionals and advocates often fail to grapple with some of the messier entanglements of psychosis and violence and their implications with respect to legal responsibility and individual identity, as well as societal understanding, forgiveness, and healing. Before exploring these entanglements, it bears repeating that the overall risk of violence among individuals diagnosed with psychiatric disorders is only marginally higher than that of the general public, particularly when compared with other clinical and sociodemographic predictors, such as age and a childhood history of abuse and neglect (Van Dorn, Volavka, & Johnson, 2012). Even individuals with a label of psychosis or schizophrenia are far more likely to become victims of violent crime than perpetrators, and are in fact victimized far more than the average US adult. Thus, studies of victimization rates range from 2.3 to 140 times higher than those of the general population (Maniglio, 2009), while rates of general violence committed by individuals with a psychotic diagnosis range from only 4–6 times that of the general population (Fazel et al., 2009).

In addition, correlation is not causality; given the complexity and multidimensionality of various socioenvironmental determinants of violence and aggression (in general), it is extremely difficult to identify truly “causal” factors or even confidently unpack the relative contributions of different variables (cf. HIGHAY, 1995; STUART, 2003). As the literature on intersectionality further underscores, risk factors are also very often not simply additive or multiplicative, but rather combine in complex and dynamic ways to engender specific outcomes (Hancock, 2007).

Research nevertheless demonstrates heightened risk for both violent crime and aggressive behavior among individuals with psychosis, particularly for young adults experiencing a first (or multiple never-treated) episode(s) of psychosis. For instance, in a meta-analysis of first episode studies, Nielsen and Large (2010) reported that the rate ratio of homicide during untreated first episode psychosis is 15.5 times higher than the annual rate of homicide following treatment. So-called “command hallucinations” and intense, overwhelming persecutory “delusions” or beliefs are also strongly linked to aggression and violence (Coid et al., 2013; Cornaggia, Beghi, Pavone, & Barale, 2011; Green, Schramm, Chiu, McVie, & Hay, 2009; Nolan et al., 2003; Ullrich, Keers & Coid, 2013). Although comorbid substance abuse substantially elevates the risk of violence, rates of violence remain high, even when substance misuse or dependence is not involved (Van Dorn et al., 2012; Short, Thomas, Mullen, & Ogloff, 2013). If we sweep these findings under the rug, we arguably risk: (1) ignoring those circumstances in which social
and ethical awareness (and responsibility) is compromised to the point that an individual can and should no longer be held morally or legally responsible for his or her actions, and (2) further stigmatizing (and silencing) individuals who struggle with violent messages (whether or not they act on them).

With respect to (1), a perhaps surprising number of advocates, including the World Network of Users and Survivors of Psychiatry (WNUSP, 2008), have pressed for the abolition of laws allowing offenders to plead “not guilty by reason of insanity” (NGRI). By legally categorizing any defendant as legally incapacitated on the grounds of a psychiatric disability, one major line of argument portends the NGRI both “discriminates” on the basis of disability, and weakens claims to a more general (universal) right to legal capacity (including freedom from any form of forced treatment), regardless of circumstance (Minkowitz, 2011; Perlin, 2013). While a detailed examination of the substantial legal and theoretical literature on criminal responsibility or culpability far exceeds the scope of this commentary, our position is that such forms of rights-based advocacy risk “blaming the victim” and fail to acknowledge the extent to which experiences such as psychosis can and do temporarily disable or impair insight. This disabling potential is often more impactful when experienced in isolation and fear by individuals for the first time and/or who have had no chance or opportunity to engage with effective, compassionate professional, family and/or peer services and supports (cf. Perlin, 1997; Pouncey & Lukens, 2010). If we consider further contributing factors, such as social rejection and misunderstanding, to such experiences as commanding or threatening voices and intense fears of persecution or death, as well as the influence of popular entertainment venues and news media that regularly romanticize and normalize aggression, war and bloodshed (Anderson et al., 2010; Griffin, 2010; Kahlor & Eastin, 2011), absolutist, individualizing judgments regarding culpability become even more suspect. While black-and-white all-or-nothing arguments may play an important role in some facets of political life, the lived realities of psychosis are messy, multifaceted and complex. “Sacrificing” the interests of individuals who have committed otherwise criminal acts, due to temporarily but profoundly altered beliefs or states, for the sake of a generalized and decontextualized “right” to legal capacity is, at a minimum, an advocacy goal that should be subject to the highest level of critical scrutiny and ethical reflexivity.

With respect to (2) above, and perhaps most tragically, the intensity of well-intentioned efforts to decouple violence (or violent messages/imagery) from psychosis may in fact further isolate young adults and others with violent or persecutory experiences and exacerbate internalized stigma, shame and low self-esteem. Importantly, these consequences may follow even when individuals’ violent voices or messages lead to self-inflicted aggression, withdrawal or blame, rather than externally-directed violence.

In our experience, working with and conducting research on first episode psychosis, for example, we frequently encounter young adults crippled by the shame and guilt they feel due to the voices or received messages instructing them to shoot innocent strangers or harm their friends or loved ones (or in some cases, by past acts of aggression or violence engendered by overwhelming altered states). A societal and public media emphasis on such experiences or acts as “bad” rather than “mad,” can quickly lead vulnerable youth to the conclusion that they are intrinsically morally flawed, rather than individuals struggling with experiences that would overwhelm many “normal” law-abiding citizens. The often reciprocal relationship between victimization, bullying and/or past abuse and both psychosis and externally directed acts of violence or aggression should also be kept in mind (Witt, Van Dorn & Fazel, 2013). Finally, guilt and shame over the form or content of particular psychotic experiences may lead young adults to avoid disclosing their experiences or seeking help, a phenomena already relatively well-documented with respect to general “internalized stigma” (Schomerus & Angermeyer, 2008; Rüsch et al., 2013). Disengagement and non-disclosure, in turn, may ultimately increase (rather than decrease) the likelihood of negative or even catastrophic outcomes and block the path to recovery.

In conclusion, we want to reiterate the importance of disambiguating deceptive fear mongering and stereotypes concerning generalized “dangerousness” from those (albeit relatively rare) instances in which violence and psychosis are genuinely entangled. This position arguably cuts across the grain of more absolutist commitments to universal rights or “absolute” individual agency and responsibility, and instead asks that we grapple honestly and non-judgmentally with the complexities, heterogeneous and socioenvironmental contingencies of psychosis and other severely altered states. If, as the proverb goes, the measure of a society is how it treats its weakest or worst-off members, the same arguably holds for the multi-stakeholder mental health advocacy community. Fighting stigma and challenging stereotypes cannot stop with the showcasing of conventionally high achieving or “socially acceptable” current and former service users, but must extend to our most disenfranchised, and sometimes even socially reviled, community members.

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